

CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-family: cursive;">101025130</div>		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
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Total Indep	25						Total Indep				
Total Depend	82						Total Depend				
Total Claims	27						Total Claims				